VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

March 17, 2014

Ms. Susanne Shapiro, Administrator
West River Valley Assisted Living Residence
PO Box 341
Townshend, VT 05353-0341

Provider #1007

Dear Ms. Shapiro:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite investigation of a complaint and two self-reports conducted on January 8, 2014 and completed on **January 9, 2014.** Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1007	A. BUILDING: _____ B. WING _____	C 01/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST RIVER VALLEY ASSISTED LIVING RESII	PO BOX 341 TOWNSHEND, VT 05353

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite investigation of a complaint and two self-reports was conducted on 1/8 & 9/2014 by the Division of Licensing and Protection. There was a regulatory deficiency identified as a result of the investigation. Findings include:	R100	In light of the two staff witnessed abuse allegations presented to the administrator on 8/9/13 and 9/16/13 the facility reviewed Adult Abuse, Neglect, and Exploitation of vulnerable adults with all staff members during report times between shifts, at a staff meeting on 9/5/13, and during a mandatory in-service on General Care of residents on 11/21/13. In addition, we have scheduled the annual Residents Rights in-service 2 months early: it will be held today, 1/30/14, whereas last year it was held 3/20/13. We will touch on the topics of abuse, neglect, and exploitation during today's session with Ombudsman, Nancy Hood. In addition, the administrator has been careful in reporting any situation that has any slight suspicion of this nature since the August 2013 incidents. Administrator has reiterated to all staff how a suspicion does NOT have to be substantiated before reporting an episode, AND that we as a facility are NOT allowed to do self investigation alone, but always in conjunction with a report to APS. Our staff policy was reviewed and finessed. The updated Training section in the Abuse Policy reads: "Training: During orientation, the new employee will review the Abuse Policy and Procedures. All employees are then trained yearly on Residents Rights and Abuse Policy. Inclusive in this training are approaches to deal with aggressive behaviors of residents, reporting procedures without fear of reprisal, recognition of precipitating factors that may lead to abuse, and what constitutes abuse, neglect and misappropriation of resident property." During our monthly resident council meeting on 1/9/14, the administrator reviewed with residents how we are mandated reporters, and residents were encouraged to always let the facility management know if there is anything at all going on that might be considered abusive. Residents were made aware of the facility investigation and findings.	
R206 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to report a case of suspected staff to resident abuse for Resident #1 within 48 hours as required. Findings include: Per record review Staff #1 was reported to have been witnessed on 8/9/2013 by the Property Manager and Maintenance Assistant hollering at Resident #1 (R#1) and then "pushing" the resident into a chair. The two witnesses reported the incident to facility administration and the staff member was counseled. No report was made to Adult protective Services (APS). On 9/16/2013 a staff member reported an incident which took place on 9/8/13 in which Staff	R206		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Susanne Clapp — Executive Dir. — 1/30/14

R206 POC accepted 3/14/14 mtiggins RN | PMC

PMC

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1007	A. BUILDING: _____ B. WING _____	C 01/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST RIVER VALLEY ASSISTED LIVING RESII	PO BOX 341 TOWNSHEND, VT 05353

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R206	Continued From page 1 #1 was described as rough and rude with R #1 which was witnessed by the staff member. Facility administration assured that Staff #1 was not scheduled to work as soon as they were made aware of the incident and called the staff member to a meeting. Staff #1's employment was terminated. No report was made to APS. In an interview on 1/9/2014 at 11:30 A the facility Administrator confirmed that neither incident was reported to APS by the facility.	R206		

VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
http://www.dlp.vermont.gov
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

January 21, 2014

Ms. Susanne Shapiro, Administrator
West River Valley Assisted Living Residence
Po Box 341
Townshend, VT 05353-0341

Dear Ms. Shapiro:

The Division of Licensing and Protection completed the unannounced onsite investigation at your facility on **January 9, 2014**. The purpose of the survey was to determine if your facility was in compliance with Vermont Assisted Living Residence Regulations. The survey statement is enclosed. This survey found the most serious deficiency in your facility to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy. You must submit a plan of correction. Please write/type the Plan of Correction in the space provided to the right. A completion date for each plan of correction must be indicated in the far right hand column. Attach additional pages if necessary.

Please sign, date, and indicate your title on the bottom of the first page of the report and return this report to this office no later than **February 3, 2014**.

Plan of Correction (POC)

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored so the deficient practice does not recur.
- The dates corrective action will be completed.

If you disagree with the existence or accuracy of a deficiency, please provide comments in the space provided beneath the deficiency statement.

You may also request an informal review of all or part of the contents of the notice at any time prior to **February 3, 2014** by calling Frances Keeler, RN, MSN, DBA, Assistant Division Director, or Suzanne Leavitt, RN, MS, Division Director at (802) 871-3317. If you are not satisfied with the outcome of the informal review with the Division, you may request a review by the Commissioner of Disabilities, Aging and Independent Living. To request a review with the Commissioner, call (802) 871-3350.

The Department is authorized to impose sanctions for failure to correct a deficiency and/or failure to provide proof of correction by the specified Correction Date. Depending on the nature of the violations, the following sanctions may be imposed: administrative penalties of up to $10.00 per resident or $100.00, whichever is greater, for each day the violation remains uncorrected; suspension, revocation or modification of an existing license; refusal to renew a license; suspension of admission or transfer of residents to an alternative placement; injunctive relief to enjoin any act or omission; and the appointment of a receiver for a facility. If you feel strict compliance with the law or regulations would impose a substantial hardship, you may apply to the Department for a variance as stated under Section III of the Residential Care Home Licensing Regulations. You must do so prior to **February 3, 2014**.

Appeals

As noted above, you may seek an informal review from Frances Keeler, RN, MSN, DBA, Assistant Division Director, or a Commissioner's review of this decision. In addition, you have a right to request a fair hearing with the Human Services Board. Decisions by the Department of Disabilities, Aging and Independent Living can be appealed to the Human Services Board pursuant to 3 V.S.A. §3091. The request for a fair hearing before the Human Services Board must be made within thirty (30) days of your receipt of the notice of this decision, and can be made by writing to the Board at 14-16 Baldwin Street, Montpelier, VT 05633-2536. You have a right to appear before the Board and to present witnesses and other evidence with regard to the case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Please contact me at 871-3317 if you have any questions.

Sincerely,

Pamela M Cota RN

Pamela M. Cota, RN
Licensing Chief

PC:jl